

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

MAY 19 11 53 AM '98

USE FEC MAILING LABEL
OR
TYPE OR PRINT

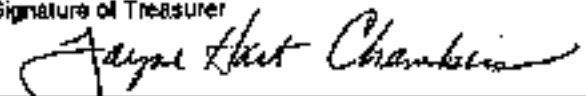
1. NAME OF COMMITTEE (in full) COLLEGE OF AMERICAN PATHOLOGISTS POLITICAL ACTION COMMITTEE		2. FEC IDENTIFICATION NUMBER C00274944
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1350 I STREET, NW SUITE 590		
CITY, STATE and ZIP CODE WASHINGTON, DC 20005		
3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)		

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid Year Report (Non-election Year Only)
- Termination Report
- Monthly Report Due On:
- | | | |
|--|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input checked="" type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31 |
- Twelfth day report preceding _____ (Type of Election)
election on _____ in the State of _____
- Thirtieth day report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>04/01/98</u> through <u>04/30/98</u>		
6. (a) Cash on Hand January 1, 19 <u>98</u>		\$ 139,949.71
(b) Cash on Hand at Beginning of Reporting Period	\$ 164,166.36	
(c) Total Receipts (from Line 19)	\$ 9,585.00	\$ 87,815.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 173,751.36	\$ 207,764.71
7. Total Disbursements (from Line 20)	\$ 16,789.01	\$ 50,802.36
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 156,962.35	\$ 156,962.35
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	\$ 0	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20483 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	\$ 0	
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.		

Type or Print Name of Treasurer JAYNE HART CHAMBERS - ASSISTANT TREASURER	Date
Signature of Treasurer 	05/18/98

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/97)

NAME OF COMMITTEE COLLEGE OF AMERICAN PATHOLOGISTS POLITICAL ACTION COMMITTEE		REPORT COVERING PERIOD FROM 04/01/98 TO: 04/30/98	
		COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	4,775.00	31,490.00	11(a)(i)
ii. Unitemized	4,810.00	36,325.00	11(a)(ii)
iii. Total (add i and ii) >	9,585.00	67,815.00	11(a)(iii)
b. Political Party Committees	0	0	11(b)
c. Other Political Committees (such as PACs)	0	0	11(c)
d. Total Contributions (add a, b, and c) >	9,585.00	67,815.00	11(d)
12. Transfers From Affiliated/Other Party Committees	0	0	12
13. All Loans Received	0	0	13
14. Loan Repayments Received	0	0	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0	0	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0	0	16
17. Other Federal Receipts (Dividends, Interest, etc.)	0	0	17
18. Transfers from Nonfederal Account for Joint Activity	0	0	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	9,585.00	67,815.00	19
20. Total Federal Receipts (subtract line 18 from line 19) >	9,585.00	67,815.00	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0	0	21(a)(i)
ii. Non-Federal Share	0	0	21(a)(ii)
b. Other Federal Operating Expenditures	150.81	664.16	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >	150.81	664.16	21(c)
22. Transfers to Affiliated/Other Party Committees	0	0	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	16,638.20	50,138.20	23
24. Independent Expenditures (use Schedule E)	0	0	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0	0	25
26. Loan Repayments Made	0	0	26
27. Loans Made	0	0	27
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees	0	0	28(a)
b. Political Party Committees	0	0	28(b)
c. Other Political Committees (such as PACs)	0	0	28(c)
d. Total Contribution Refunds (add a, b and c) >	0	0	28(d)
29. Other Disbursements	0	0	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	16,789.01	50,802.36	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	16,789.01	50,802.36	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	9,585.00	67,815.00	32
33. Total Contribution Refunds (from line 28d)	0	0	33
34. Net Contributions (other than loans) (subtract line 33 from 32)	9,585.00	67,815.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	150.81	664.16	35
36. Offsets to Operating Expenditures (from line 15)	0	0	36
37. Net Operating Expenditures (subtract line 36 from 35) >	150.81	664.16	37

 Any information copied from such reports and statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

COLLEGE OF AMERICAN PATHOLOGISTS POLITICAL ACTION COMMITTEE

Name, mailing address, and zip code	Employer and occupation	Date	Amount
BRYAN L. BARTLETT 1424 PLANTATION NORTH COLLEYVILLE, TX 76034	PATHOLOGIST SELF-EMPLOYED	04/03/98	500.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		500.00
WARREN L. BOSTICK 2521 BUCKEYE STREET NEWPORT BEACH, CA 92660	PATHOLOGIST UNIVERSITY OF CALIFORNIA	04/03/98 04/10/98	100.00 125.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		225.00
RICHARD A. ESSMAN 655 APALACHEE CIRCLE, NE ST. PETERSBURG, FL 33702	PATHOLOGIST LABORATORY PHYSICIANS	04/10/98	500.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		500.00
WILLIAM HARRER 241 WEST KINGS HIGHWAY HADDONFIELD, NJ 08033	PATHOLOGIST SELF-EMPLOYED	04/10/98	1000.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		1000.00
JAMES E. HASWELL 11 GREYSTONE FARM LANE WESTPORT, CT 06880	PATHOLOGIST GRIFFIN PATHOLOGY CONSULTANTS, PC	04/03/98	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00
H. RICHARD HINRICHG 1501 STAGECOACH ROAD ALBUQUERQUE, NM 87123	PATHOLOGIST PATHOLOGY ASSOCIATES OF ALBUQUERQUE	04/03/98	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00

 Any information copied from such reports and statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

COLLEGE OF AMERICAN PATHOLOGISTS POLITICAL ACTION COMMITTEE

Name, mailing address, and zip code	Employer and occupation	Date	Amount
THAD L. JONES 2750 THORNFIELD ROAD WINSTON-SALEM, NC 27106	PATHOLOGIST SELF-EMPLOYED	04/03/98	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00
KARL MEYERS 321 CYNWYD ROAD BALA-CYNWYD, PA 19004	PATHOLOGIST SELF-EMPLOYED	04/06/98	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00
JOHN D. MILAM 11927 ARBORDALE HOUSTON, TX 77024	PATHOLOGIST UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER	04/03/98	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00
MARY L. NIELSEN 6409 EAST 11TH STREET WICHITA, KS 67206	PATHOLOGIST HAYS PATHOLOGY LABORATORIES	04/08/98	300.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		300.00
JARED N. SCHWARTZ 3429 WYNINGTON DRIVE CHARLOTTE, NC 28226	PATHOLOGIST SELF-EMPLOYED	04/10/98	500.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		500.00
HENRY TRAVERS 704 TOMAR COURT SIOUX FALLS, SD 57105	PATHOLOGIST PHYSICIANS LAB, LTD	04/23/98	250.00
PRIM. GEN. OTHER	AGGREGATE Y-T-D		250.00

TOTAL ITEMIZED LINE 11a

4775.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 1
FOR LINE NUMBER 21b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

COLLEGE OF AMERICAN PATHOLOGISTS POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Bank charge Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 04/02/98	Amount of Each Disbursement This Period 150.81
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

150.81

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 2
FOR LINE NUMBER 23

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

COLLEGE OF AMERICAN PATHOLOGISTS POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mike Bilirakis for Congress P.O. Box 1077 Tarpon Springs, FL 34688	Contribution: FL-09 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/22/98	1,000.00
B. Full Name, Mailing Address and ZIP Code Melissa Brown for Congress P.O. Box 498 Flourtown, PA 19031	Contribution: PA-13 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/09/98	1,000.00
C. Full Name, Mailing Address and ZIP Code Ben Cardin for Congress P.O. Box 65056 Baltimore, MD 21209	Contribution: MD-03 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/29/98	2,000.00
D. Full Name, Mailing Address and ZIP Code Mac Collins for Congress P.O. Box 35 Jonesboro, GA 30237	Contribution: GA-03 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/29/98	1,000.00
E. Full Name, Mailing Address and ZIP Code Friends to Elect Scott Ferguson P.O. Box 5417 West Memphis, AR 72301	Contribution: AR Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/27/98	3,000.00
F. Full Name, Mailing Address and ZIP Code Friends of Sam Johnson 1212 North Vernon Street Arlington, VA 22201	Contribution: TX-03 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/22/98	2,000.00
G. Full Name, Mailing Address and ZIP Code McCrery for Congress 333 Texas Street Shreveport, LA 71101	Contribution: LA-04 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/09/98	1,000.00
H. Full Name, Mailing Address and ZIP Code Mikulski for Congress 711 West 40th Street Baltimore, MD 21211	Contribution: MD Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/22/98	3,000.00
I. Full Name, Mailing Address and ZIP Code Pallone for Congress P.O. Box 3176 Long Branch, NJ 07740	Contribution: NJ-06 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/29/98	1,000.00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 2 OF 2
FOR LINE NUMBER 23

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

COLLEGE OF AMERICAN PATHOLOGISTS POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution: FL-05 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 04/22/98	Amount of Each Disbursement This Period 1,000.00
B. Full Name, Mailing Address and ZIP Code Westin Bonaventure Hotel 404 South Figueroa Street Los Angeles, CA 90071	Purpose of Disbursement IN-KIND: Catering Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 04/07/98	Amount of Each Disbursement This Period 638.20
C. Full Name, Mailing Address and ZIP Code Friends of Janice Nelson P.O. Box 758 Sierra Madre, CA 91025	Purpose of Disbursement Contribution: CA-28 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 04/07/98	Amount of Each Disbursement This Period 638.20 MEMO
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

16,638.20

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt <i>5-19-98</i>
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked _____ and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>SEA</i> PREPARER	<i>5-19-98</i> DATE PREPARED